

# EXHIBIT DD

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

IN RE: UBER TECHNOLOGIES, INC.  
PASSENGER SEXUAL ASSAULT  
LITIGATION

This Document Relates to:  
WHB 1048v. UBER TECHNOLOGIES, INC., et al.,  
Case No. 3:24-cv-05462

ALL ACTIONS  
3:23-md-03084-CRB

MDL No. 3084 CRB

**AMENDED PLAINTIFF FACT SHEET**

**AMENDED PLAINTIFF FACT SHEET**

**CASE NUMBER:** 24 -CV- 05462

**PLAINTIFF NAME:** \_\_\_\_\_

*on behalf of (if applicable):* N/A

*relationship (if applicable):* N/A

**GENERAL INSTRUCTIONS**

Pursuant to the Order Regarding Fact Sheet Implementation entered in the above-captioned litigation, a completed Plaintiff Fact Sheet ("PFS") shall be provided for each individual asserting legal claims in the above captioned lawsuit. Each question must be answered in full. If you do not know or cannot recall the information needed to answer a question, please explain that in the response to the question and include the diligent efforts you have made to obtain the information. **Please do not leave any questions unanswered or blank.**

### Additional Space for Completeness

In filling out any section or sub-section of this form, additional sheets of paper should be used and submitted as necessary to provide complete and accurate information.

### Accuracy and Supplementation

The Plaintiff completing this Plaintiff Fact Sheet is under oath and must provide information that is true and correct to the best of her or his knowledge, information, and belief. Plaintiff is under an obligation to supplement these responses consistent with the Federal Rules of Civil Procedure.

### Use of this Information

All responses herein are CONFIDENTIAL and subject to the Protective Order entered in this matter. **Defendants will not contact any health care provider identified in this Plaintiff Fact Sheet, other than for the purpose of seeking records pursuant to authorizations signed by Plaintiff, without Plaintiff's consent or Court Order.**

### DEFINITIONS

The following definitions shall apply to this PFS:

"You" and "Your" refers to the Plaintiff, listed above, who is completing this fact sheet, as well as her/his/their agents, representatives, and all other natural persons or entities acting on her/his behalf; provided that if the Plaintiff has filed this lawsuit on behalf of another (e.g., a decedent or a minor), then "You" and "Your" refers to the person on whose behalf this lawsuit was filed. In such a case, the Plaintiff should identify at the top of this page the person on whose behalf the case was filed and the Plaintiff's relationship to that person (e.g., guardian, administrator of estate, etc.).

"Driver" refers to the person who You allege, in the complaint filed in this action, committed sexual misconduct or assault against You.

"Incident" refers to all events that You allege, in the complaint filed in this action, constituted sexual misconduct or assault against You.

"Trip" refers to any ride that You, or another person on Your behalf or for Your benefit, requested through the rider version of the Uber Application around the time of the Incident.

"Health Care Provider" means any facility or person involved in the evaluation, diagnosis, care, or treatment of You, including without limitation any such hospital; clinic; medical center; physician's office; infirmary; medical or diagnostic laboratory; pharmacy; counselor; x-ray department; physical therapy department; rehabilitation specialist; physician; psychiatrist; physical therapist; osteopath; homeopath; chiropractor; psychologist; occupational therapist; nurse; herbalist; emergency responder including EMT, paramedic, or firefighter; social worker; or other facility or person that provides medical, dietary, psychiatric, mental, emotional, or psychological evaluation, diagnosis, care, treatment, or advice. This definition also includes professionals and facilities that may have treated, examined, evaluated, diagnosed, or otherwise cared for You as part of a Sexual Assault Response Team exam, a Sexual Assault Forensic Exam, or a Sexual Assault Nurse Exam.

**CASE INFORMATION**

1. Please state the following for the civil action that Plaintiff filed:

- a. Case number: 3:24-cv-05462
- b. Pseudonym used in the Complaint: WHB 1048
- c. Name of principal attorney representing Plaintiff:  
Walter Cubberly and Margret Cubberly; Williams Hart & Boundas, LLP

**YOUR PERSONAL INFORMATION**

2. Name (Last, First, Middle):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: N/A

3. Maiden name (if applicable) or other names used and dates You used those names:

N/A

4. Current address:

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

5. City and state of residence at time of Incident: City: \_\_\_\_\_ State: CO

6. Date of birth: \_\_\_\_\_

7. From two years prior to the Incident through the present, please identify the employers for whom You worked; Your job title; Your responsibilities or duties; as well as the city, state, and dates of employment for each employer (use additional pages as necessary):

**Employer No. 1**

- i. Name of Employer: Not Employed
- ii. Location of Employer (city, state): City: Basalt State: CO
- iii. Dates of Employment: Jan 2016 to Present ☒
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 2**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 3**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 4**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 5**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 6**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 7**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

**Employer No. 8**

- i. Name of Employer: N/A
- ii. Location of Employer (city, state): City: N/A State:
- iii. Dates of Employment:  to  Present ☐
- iv. Job Title: N/A
- v. Responsibilities or Duties: N/A

8. Check the box for the highest level of education You attained:

- ☐ Some High School
- ☒ High School Graduate/GED
- ☐ Some College
- ☐ Bachelor's Degree
- ☐ Associate Degree
- ☐ Master/Doctorate/Postgraduate Degree
- ☐ Other:

**INFORMATION AS TO THE INCIDENT**

9. Date of the Incident (Please provide the day, month, and year. If You do not recall the day, month, and year, please provide as much information as You can remember):  
01/13/2018

10. State the name, phone number, and email address associated with the Uber account through which the ride at issue was arranged, if known:

a. Name (last, first, middle):

Last: 1 First:  Middle: N/A

b. Phone Number:

c. Email Address:

11. To the best of Your recollection, did the Driver take You to the requested destination for the Trip?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

If No, please explain:

The uber driver took me to a hotel.

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12. Did You and the Driver communicate about the route the Driver took during Your ride?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

a. If You recall You and the Driver communicating about the route, please describe those communications here:

N/A

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13. If You know or recall, did the Driver make any stops or pull over, other than at the requested destination for the Trip?

☒ Yes

☐ No

☐ Do Not Know/Do Not Recall

a. If yes, if You know or recall, where did the Driver stop or pull over?

The uber driver stopped the car at a hotel. I do not recall the address of the hotel.



- b. If *yes*, if You know or recall, did You and the Driver discuss stopping or pulling over before the Driver did so?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

- c. If You and the Driver did communicate about stopping or pulling over at a location other than the requested destination, if You know or recall, please describe those communications here:

N/A

- 
14. Did the Driver end the Trip at a location other than the requested destination?

☒ Yes

☐ No

☐ Do Not Know/Do Not Recall

- a. If *yes*, if You know or recall, where did the Driver end the Trip?

The uber driver took me to a hotel. I do not recall the exact address of the hotel.

- 
- b. If *yes*, if You know or recall, did You and the Driver communicate about ending the Trip at a location other than the requested destination before the Driver did so?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

- c. If You and the Driver did communicate about ending the Trip at a location other than the requested destination, if You know or recall, please describe those communications here:

N/A

15. Did You communicate with the Driver in a written form outside of the Uber App, including text messages, social media messages or email?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

a. **If you answered *yes* to this question, please provide all of these communications to your lawyer for production.**

16. If You know or recall, state the time and location (including, city, state, zip, and nearest street address or, if unknown, the closest intersection) of the Incident:

The incident occurred when the uber driver stopped at a hotel. I do not recall the exact address.

- 
17. If You know the first or last name of the Driver (or both), please state them:

Unknown

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18. Did you see a camera inside the Driver's vehicle?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

19. Did you take any videos or audio recording or photos of the Driver, the inside or outside of the Driver's Vehicle, or of any part of the Subject Incident?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

a. **If you answered *yes* to this question, please provide all of these photos and recordings to your lawyer for production.**

**THE INCIDENT**

20. Please describe the Incident in Your own words (attach additional sheets as needed):

I was with friends in Nashville. We had been at a bar. I was ready to go back to the Airbnb. I wasn't feeling well.. When the Uber arrived, it was a large black SUV. I sat in the back seat. I remember the driver complaining that the address to the Airbnb was hard to find. I believe that I fell asleep at this point. I do not remember the Uber driver touching me during the ride. I was the only passenger. I remember the Uber driver parked at a sketchy motel, and he told me that I needed to get out right away. I was hazy, but I remember telling him I did not recognize the area. The Uber driver grabbed me by the wrist and tried to drag me to a room. I was able to run away into the lobby. I think I sat on the couch and must have fallen asleep again. I remembers I woke up a bit later in the lobby and a worker telling me, that I could not sleep there.

- 
21. Which of the following acts occurred during the Incident? Please select all that apply and where relevant select whether contact was over or under clothing:

- ☐ Lewd and/or Inappropriate Comments or Questions or Gestures<sup>1</sup>
- ☐ Verbal Threat of Sexual Assault<sup>2</sup>
- ☐ Masturbation and/or Indecent Exposure<sup>3</sup>

<sup>1</sup> This category is defined to include, but is not limited to, the following: asking specific, probing, and personal questions of the user; making uncomfortable comments on the user's appearance; making sexually suggestive gestures at the user; and asking for a kiss, displays of nudity, sex, or contact with a sexual body part.

<sup>2</sup> This category is defined to include directing verbal explicit/direct threats of sexual violence at a user.

<sup>3</sup> This category is defined to include exposing genitalia and/or engaging in sexual acts in the presence of a user.

- ☐ Attempted Touching of a Non-Sexual Body Part<sup>4</sup>
  - ☐ Over the Clothes<sup>5</sup>
  - ☐ Under the Clothes<sup>6</sup>
- ☐ Attempted Kissing of a Non-Sexual Body Part<sup>7</sup>
- ☐ Attempted Touching of a Sexual Body Part Not Involving Penetration<sup>8</sup>
  - ☐ Over the Clothes
  - ☐ Under the Clothes

<sup>4</sup> This category is defined to include, without consent from the user, attempting to touch, but failing to come into contact with, any non-sexual body part (hand, leg, thigh) of the user.

<sup>5</sup> This category is defined to include any attempted touch over any piece of clothing on the user (e.g., pants, shirt, bra, underwear) as well as any attempted touch on an area that in no way has clothing covering it (e.g., parts of the thigh when wearing shorts).

<sup>6</sup> This category is defined to include any attempted touch on a part of a user's body which is covered by clothing. It does not include an attempted touch on an area that does not have clothing covering it in the first instance (e.g., parts of the thigh when wearing shorts).

<sup>7</sup> This category is defined to include, without consent from the user, attempting but failing to kiss, lick, or bite any non-sexual body part (e.g., hand, leg, thigh) of the user.

<sup>8</sup> This category is defined to include, without explicit consent from the user, attempting to touch, but failing to come into contact with, any sexual body part (i.e., breast, genitalia, mouth, buttocks) of the user. It does not include attempts at penetration.

- ☐ Attempted Kissing of a Sexual Body Part<sup>9</sup>
- ☐ Touching of a Non-Sexual Body Part<sup>10</sup>
  - ☐ Over the Clothes<sup>11</sup>
  - ☐ Under the Clothes<sup>12</sup>
- ☐ Kissing of a Non-Sexual Body Part<sup>13</sup>
- ☐ Attempted Sexual Penetration Including Oral Copulation<sup>14</sup>
- ☐ Touching of a Sexual Body Part Not Involving Penetration<sup>15</sup>
  - ☐ Over the Clothes
  - ☐ Under the Clothes
- ☐ Kissing of a Sexual Body Part<sup>16</sup>

<sup>9</sup> This category is defined to include, without consent from the user, attempting but failing to kiss, lick, or bite on either the breast or buttocks of the user. This also includes attempts to kiss on the lips and attempts to kiss while using tongue.

<sup>10</sup> This category is defined to include, without explicit consent from the user, touching or forcing a touch on any non-sexual body part (e.g., hand, leg, thigh) of the user.

<sup>11</sup> This category is defined to include any touch over any piece of clothing on the user (e.g., pants, shirt, bra, underwear) as well as any touch on an area that in no way has clothing covering it (e.g., parts of the thigh when wearing shorts).

<sup>12</sup> This category is defined to include any touch under clothing which causes contact with the user's skin. It does not include a touch on an area that does not have clothing covering it in the first instance (e.g., parts of the thigh when wearing shorts).

<sup>13</sup> This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite on any non-sexual body part (e.g., hand, leg, thigh) of the user.

<sup>14</sup> This category is defined to include, without explicit consent from a user, attempting but failing to penetrate, no matter how slight, the vagina or anus of a user with any body part or object. This includes attempted penetration of the user's mouth with a sexual organ or sexual body part. This excludes kissing and attempted kissing with tongue.

<sup>15</sup> This category is defined to include, without explicit consent from the user, touching or forcing a touch on any sexual body part (i.e., breast, genitalia, mouth, buttocks) of the user. It does not include penetration.

<sup>16</sup> This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite on either the breast or buttocks of the user. This also includes kissing on the lips and kissing while using tongue.

☐ Sexual Penetration Including Oral Copulation<sup>17</sup>

☒ Kidnapping<sup>18</sup>

☒ Other. If *other*, please describe: The uber driver took me to a motel and tried to make me go to a room with him. I ran away.

22. If You know or recall, did the Driver engage in any of the conduct described in Questions 20 and 21 while you were inside the vehicle?

☐ Yes

☐ No

☒ Do Not Know/Do Not Recall

a. If *yes*, where in the vehicle were you located during the Incident?

☐ Front Seats

☐ Back Seats

☐ Both

☐ Do Not Know/Do Not Recall

b. If *no*, if You know or recall, did all conduct described in Questions 20 and 21 occur only before You entered and/or after you exited the Driver's vehicle?

☐ Only before entering the Driver's vehicle

☒ Only after exiting the Driver's vehicle

☐ Both before and after exiting the Driver's vehicle

### WITNESSES

23. If You know or recall, was there another passenger in the vehicle with You at the time of the Incident?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

a. If *yes*, if You know or recall, please identify the other passenger(s) by name, full address and phone number, if known:

N/A

<sup>17</sup> This category is defined to include, without explicit consent from a user, penetration, no matter how slight, of the vagina or anus of a user with any body part or object. This includes penetration of the user's mouth with a sexual organ or sexual body part. This excludes kissing with tongue.

<sup>18</sup> This category is defined to include abduction, child abduction, false imprisonment, human trafficking, unlawful restraint, and unlawful/forcible detention.

b. If *yes*, if You know or recall, did You know the other passenger(s) before You or someone on Your behalf requested the Trip?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

24. If You know or recall, did anyone besides You and the Driver hear, see, or otherwise witness the Incident at the time it occurred?

☐ Yes

☒ No

☐ Do Not Know/Do Not Recall

25. If You know or recall, did You or someone on Your behalf notify any of the following entities of the Incident (Please check all that apply):

☐ Uber

☐ Law Enforcement

☐ Healthcare Professional (non-therapist/counselor/psychiatrist/psychologist)

☐ Therapist/Counselor/Psychiatrist/Psychologist

26. If You notified Uber, or if You know or recall someone on Your behalf notifying Uber, please answer the following questions:

a. If You know or recall, when did You or someone on Your behalf notify Uber of the Incident?

N/A

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b. If You know or recall, how did You or someone on Your behalf notify Uber?

☐ Phone Call

☐ Email

☐ In-App Notification:

☐ Do Not Know/Do Not Recall

☐ Other

If other, please describe:

N/A

- c. If You know or recall someone who notified Uber on Your behalf, state that person's name, address, and phone number, if known:

N/A

- 
27. A report to law enforcement is not necessary to pursue your claim, but if You or someone on Your behalf notified law enforcement, please answer the following questions to the best of Your ability:

- a. To the best of Your recollection, when did You or someone on Your behalf notify law enforcement of the Incident?

N/A

- 
- b. If You know someone who notified law enforcement on Your behalf, state that person's name and phone number to the best of Your ability:

N/A

- 
- c. To the best of Your recollection, list all law enforcement agencies that were notified about the Incident:

N/A

- 
- d. To the best of Your recollection, please state whether You testified in any criminal hearing(s) or trial(s) in connection with the Incident:

N/A



28. Have You spoken to any of the following about the Incident (Please check all that apply):

- ☐ Spouse
- ☐ Romantic Partner (unmarried)
- ☐ Family Member
- ☐ Friend
- ☐ Other

29. Have You posted information regarding the Incident on a website or on social media (e.g., a social media site, a blog, a personal website, etc.), including anonymously?

- ☐ Yes
- ☒ No
- ☐ Do Not Know/Do Not Recall

a. If *yes*, list all such websites or social media, and, where applicable, specify the username/account handle You used to make the post:

N/A

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30. Have You communicated with any of the following about the Incident (Please check all that apply):

- ☐ Spouse
- ☐ Romantic Partner (unmarried)
- ☐ Family Member
- ☐ Friend
- ☐ Other

- a. If You checked any of the above boxes in Question 30, please fill out the following chart to identify each individual or other entity You have communicated with about the Incident and their last known contact information. Attach additional sheets as necessary. Do not list the attorneys representing you in this case or Uber. To the extent that You do not know the name of any of the individuals or other entities You have communicated with, please provide any identifying information that You are aware of (e.g., neighbor, coworker, business colleague). As discovery is ongoing, You must supplement this form if and when You communicate with additional individuals about the Incident.

Name or Other Identifying Information of Individual or Other Entity You Have Communicated with About the Incident
N/A
N/A
N/A
N/A
N/A
N/A

**INJURIES AND DAMAGES**

31. Did You suffer mental or emotional harm caused in whole or in part by the Incident?

☒ Yes

☐ No

a. If you answered *yes* to Question 31, please describe:  
Mental anguish, pain and suffering.

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32. Have You disclosed the Subject incident to any Health Care Providers?

☐ Yes

☒ No

33. Have you sought treatment from a psychologist, therapist, psychiatrist or other mental healthcare provider for any of the above listed conditions that were caused in whole or in part by the subject Incident?

☐ Yes

☒ No

34. Have you been diagnosed with any psychiatric, mental or behavioral conditions that were caused in whole or in part by the subject Incident by a Healthcare Provider?

☐ Yes

☒ No

35. Have you been diagnosed with or treated for an aggravation of any pre-existing psychiatric, mental or behavioral conditions that were caused in whole or in part by the subject Incident by a Healthcare Provider?

☐ Yes

☒ No

36. Did You suffer physical harm caused in whole or in part by the subject incident?

☐ Yes

☒ No

a. If you answered *yes* to Question 36, please describe:  
N/A

37. Were You treated by emergency responders, including police officers, EMT, fire fighters, or paramedics, as a result of the Incident?

☐ Yes

☒ No

38. Did You undergo a medical exam to determine any physical injuries or the presence of any evidence (e.g., a Sexual Assault Response Team “SART” exam, a Sexual Assault Forensic Exam (“SAFE”), or a Sexual Assault Nurse Exam (“SANE”))?

☐ Yes

☒ No

39. Have You disclosed the Subject incident to any Health Care Providers that did not treat you for injuries caused by the Subject Incident ?

☐ Yes

☒ No

40. Have You ever been diagnosed and/or treated by any Health Care Provider for any injury or condition caused by the Subject Incident, including mental health conditions such as depression or PTSD?

☐ Yes

☒ No

- a. If You answered *Yes* to questions 32, 33, 34, 35, 37, 38, 39 or 40 please identify the providers who diagnosed You with any conditions caused in whole or part by the subject incident, treated You for any injuries or conditions caused by the incident, or to whom You disclosed the subject incident. Please continue to supplement this form if and when You are treated by additional providers.

Name of Health Care Provider and Facility	Diagnosis Treatment, or Examination (if known)	Approximate Date(s) of Diagnosis, Treatment, or Examination	Please check this box for any conditions that pre-existed the Subject Incident that have been aggravated by the Subject Incident
Health Care Provider: N/A  Facility: N/A	N/A	N/A	<input type="checkbox"/>

Name of Health Care Provider and Facility	Diagnosis Treatment, or Examination (if known)	Approximate Date(s) of Diagnosis, Treatment, or Examination	Please check this box for any conditions that pre-existed the Subject Incident that have been aggravated by the Subject Incident
Health Care Provider: N/A  Facility: N/A	N/A	N/A	<input type="checkbox"/>
Health Care Provider: N/A  Facility: N/A	N/A	N/A	<input type="checkbox"/>
Health Care Provider: N/A  Facility: N/A	N/A	N/A	<input type="checkbox"/>
Health Care Provider: N/A  Facility: N/A	N/A	N/A	<input type="checkbox"/>

41. Do You claim or expect to claim that You lost earnings or suffered impairment of earning capacity as a result of any physical, mental, or emotional injury You allege?

☐ Yes

☒ No

42. Do You seek or expect to seek to recover any out-of-pocket costs, including medical expenses covered by insurance, that You have incurred relating to the diagnoses and/or treatment of any physical, mental, or emotional injuries You allege You sustained as a result of the Incident?

☐ Yes

☒ No

### **AUTHORIZATIONS**

Plaintiff agrees to produce copies of signed and dated authorizations for the releases listed below. Plaintiff agrees that this PFS shall not be considered complete unless and until signed authorization forms are submitted. Plaintiff agrees that any document request for records to be produced by Plaintiff will not preclude Defendant from also collecting such records directly from the source pursuant to these signed authorizations.

Attach the following documents to this PFS as instructed below, making certain that all releases are signed and dated:

- 1) If You answered *yes* to Question 36, please execute the Limited Authorization to Disclose Health Information (Ex. A). Leave the “To” field blank.
- 2) If You answered *yes* to Questions 33, 34, or 35, please execute the Authorization to Disclose Psychiatric, Psychotherapy, and Mental Health Information (Ex. B). Leave the “To” field blank.
- 3) If You indicated that You or someone on Your behalf notified law enforcement of the Incident in Question 27, please execute the Authorization to Disclose Law Enforcement Records (Ex. C). Leave the “To” field blank.